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PTO/SB/21 (08-00)

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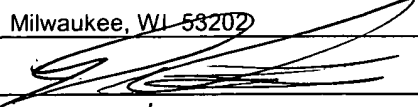
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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p><i>(To be used for all correspondence after initial filing)</i></p> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> <p style="text-align: center;">OCT 06 2006</p> </div>		Application Number	10/762,664
		Filing Date	01/22/2004
		First Named Inventor	David J. Beebe et al.
		Group Art Unit	1744
		Examiner Name	Andrew M. Gilbert
Total Number of Pages in This Submission		Attorney Docket Number	282.033

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO Form 1449 Return Postcard
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Peter C. Stomma Boyle Fredrickson Newholm Stein & Gratz 250 E. Wisconsin Avenue, Suite 1030 Milwaukee, WI 53202
Signature	
Date	10/3/06

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

DAVID J. BEEBE ET AL.

Serial No.: 10/762,664

Filed: January 22, 2004

Examiner:

Art Unit: 1744

MICROFLUIDIC DEVICE FOR DRUG
DELIVERY

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SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

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Sir:

This supplement disclosure statement is being submitted under the provision of 37 C.F.R. § 1.97 and § 1.98. Please file this Supplemental Information Disclosure Statement in the above-identified patent application. Also enclosed herewith is Form PTO-1449.

The Examiner is invited to contact the undersigned if there are any questions.

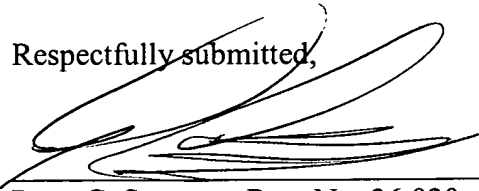
A check in the amount of \$180.00 is submitted for filing the Information Disclosure Statement after the first office Action. The Commissioner is hereby authorized to charge payment of any additional fee(s) associated with this communication or credit any overpayment to Deposit Account No. 50-1170.

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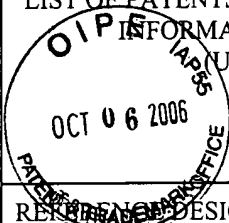
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Respectfully submitted,


Peter C. Stomma, Reg. No. 36,020

Dated: 10/4/06
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Docket No.: 282.033

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Form PTO-1449 (Modified) Page 1 of 1 LIST OF PATENTS AND PUBLICATIONS FOR APPLICANT'S INFORMATION DISCLOSURE STATEMENT (Use several sheets if necessary)				Atty. Docket No.: 282.033		Serial No.: 10/762,664	
				Applicant: David J. Beebe et al.			
				Filing Date: 01/22/04		Group: 1743	
REFERENCE DESIGNATION				U.S. PATENT DOCUMENTS			
Examiner Initial		Document Number	Date	Name	Class	Subclass	Filing Date If Appropriate
	AA	7,047,915	07/11/2006	Soreq et al.			
	AB						
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